



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

(CFA-1)

State Form 4604 (R13/9-10)

Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER

1. IS THIS AN AMENDMENT? ☒ No ☐ Yes If Yes, please enter the file number in this box →

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name BAILEY	First Name JACK	Middle Name LEE	Nickname NA	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
4. Mailing Address 12330 E 62		5. FAX (Optional) NA		6. E-mail Address (Optional) NA
7. City LAURENCE	State IN	ZIP Code 46235	8. County MARION	9. Telephone (Day) (317) 945-3973
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other				10. Telephone (Evening) SAM
12. Office Sought (Include district number, if any. Not required for an exploratory committee.) LAURENCE COUNCIL AT LARGE				

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name LAURENCE COUNCIL AT LARGE				
14. Mailing Address <input type="checkbox"/> Check if this is a new address 12330 E 62		15. FAX (Optional) NA		16. E-mail Address (Optional) NA
17. City LAURENCE	State IN	ZIP Code 46235	18. County MARION	19. Telephone (317) 945-3973
20. Committee Organization Date (MM-DD-YY) NA				
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson NA				
22. Mailing Address <input type="checkbox"/> Check if this is a new address 12330 E 62		23. FAX (Optional) NA		24. E-mail Address (Optional) NA
25. City LAURENCE	State IN	ZIP Code 46235	26. County MARION	27. Telephone (Day) (317) 945-3973
28. Telephone (Evening) NA				
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) BMO HARRIS				
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) NA				
31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee Person Appointed Treasurer				Signature of the Committee Chairperson Jack Bailey	
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer <input type="checkbox"/> Check if this is a new treasurer					
34. Mailing Address <input type="checkbox"/> Check if this is a new address				35. FAX (Optional)	
36. E-mail Address (Optional)				37. City	
State		ZIP Code		38. County	
39. Telephone (Day)		40. Telephone (Evening)			

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).	Signature of Person Accepting Appointment Jack Bailey
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SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson Jack Bailey	Signature of Chairperson Jack Bailey	Date (MM-DD-YY) NA
43. Typed or Printed Name of Candidate NA	Signature of Candidate NA	Date (MM-DD-YY) NA

FOR OFFICE USE ONLY

Myra A. Eldredge

JAN 26 2015

FILED

Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).